

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MAINE COAST REGIONAL HEALTH FACILITIES Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 UNION STREET City or town, state or country, and ZIP + 4 ELLSWORTH, ME 04605	D Employer identification number 01-0198331 E Telephone number (207) 664-5303 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **WWW.MCMHOSPITAL.ORG**

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **155,821,959.**

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:			
a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	1,011,382.	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 964,978. noncash \$ 46,404.)			1e 1,011,382.
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 151,825,857.
3 Membership dues and assessments			3
4 Interest on savings and temporary cash investments			4 608,138.
5 Dividends and interest from securities			5 181,652.
6 a Gross rents	6a	41,148.	
b Less: rental expenses	6b	11,203.	
c Net rental income or (loss). Subtract line 6b from line 6a			6c 29,945.
7 Other investment income (describe ▶)			7
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	1,812,055.	1,098.	
b Less: cost or other basis and sales expenses	1,868,842.	47,571.	
c Gain or (loss) (attach schedule)	-56,787.	-46,473.	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 3	STMT 4	8d -103,260.
9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
a Gross revenue (not including \$ 175,001. of contributions reported on line 1b)	9a	42,157.	
b Less: direct expenses other than fundraising expenses	9b	105,518.	
c Net income or (loss) from special events. Subtract line 9b from line 9a		SEE STATEMENT 5	9c -63,361.
10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
11 Other revenue (from Part VII, line 103)			11 298,472.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 153,788,825.
13 Program services (from line 44, column (B))			13 142,832,332.
14 Management and general (from line 44, column (C))			14 6,265,235.
15 Fundraising (from line 44, column (D))			15 267,884.
16 Payments to affiliates (attach schedule)			16
17 Total expenses. Add lines 16 and 44, column (A)			17 149,365,451.
18 Excess or (deficit) for the year. Subtract line 17 from line 12			18 4,423,374.
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 29,622,655.
20 Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 6	20 -298,660.
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 33,747,369.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	1,039,078.	447,380.	591,698.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	26,818,823.	24,807,691.	1,902,251.	108,881.
27 Pension plan contributions not included on lines 25a, b, and c	984,624.	908,362.	72,283.	3,979.
28 Employee benefits not included on lines 25a - 27	8,542,498.	7,854,613.	653,874.	34,011.
29 Payroll taxes	2,414,293.	2,196,856.	207,952.	9,485.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	588,366.	558,948.	29,418.	
42 Depreciation, depletion, etc. (attach schedule)	2,332,719.	2,216,083.	116,636.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 7	106645050.	103842399.	2,691,123.	111,528.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	149,365,451.	142,832,332.	6,265,235.	267,884.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 9**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **SEE STATEMENT 8**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

142,832,332.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► 142,832,332.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	3,985.	45	4,285.
	46 Savings and temporary cash investments	17,536,494.	46	14,191,814.
	47 a Accounts receivable	47a 11,787,077.		
	b Less: allowance for doubtful accounts	47b 4,041,155.	47c	7,745,922.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	29,908.	48c
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	392,428.	52	406,600.
	53 Prepaid expenses and deferred charges	737,825.	53	1,152,951.
	54 a Investments - publicly-traded securities STMT 15 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,830,981.	54a	4,259,222.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b	55c		
56 Investments - other	38,583.	56		
57 a Land, buildings, and equipment: basis	57a 42,335,697.			
b Less: accumulated depreciation STMT 10	57b 19,651,984.	22,267,294.	57c	22,683,713.
58 Other assets, including program-related investments (describe SEE STATEMENT 11)	522,407.	58	3,579,485.	
59 Total assets (must equal line 74). Add lines 45 through 58	51,924,828.	59	54,023,992.	
Liabilities	60 Accounts payable and accrued expenses	7,893,365.	60	9,366,697.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities STMT 12	7,655,644.	64a	7,430,644.
	b Mortgages and other notes payable STMT 13	2,607,726.	64b	3,479,282.
	65 Other liabilities (describe SEE STATEMENT 14)	4,145,438.	65	0.
66 Total liabilities. Add lines 60 through 65	22,302,173.	66	20,276,623.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	27,971,603.	67	31,851,051.
	68 Temporarily restricted	1,051,052.	68	1,204,319.
	69 Permanently restricted	600,000.	69	691,999.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	29,622,655.	73	33,747,369.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	51,924,828.	74	54,023,992.

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	90b	791
b	Number of employees employed in the pay period that includes March 12, 2007		
91 a	The books are in care of KEVIN SEDGWICK Telephone no. (207) 664-5303 Located at 50 UNION STREET, ELLSWORTH, ME ZIP + 4 04605		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a SEE STATEMENT 21

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a VENDING MACHINE

b CAFETERIA

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 22

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: KEVIN SEDGWICK, CFO Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *Robin Newman* Date: 01.30.09 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: BAKER NEWMAN & NOYES
BOX 507
PORTLAND, ME 04112

Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____

Phone no.: (207) 879-2100

Form 990 (2007)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	MAINE COAST REGIONAL HEALTH FACILITIES	01-0198331
	Number, street, and room or suite no. If a P.O. box, see instructions. 50 UNION STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ELLSWORTH, ME 04605	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **KEVIN SEDGWICK**

Telephone No. ► **(207) 664-5303**FAX No. ► **(207) 664-5498**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or► ☒ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization	Employer identification number
MAINE COAST REGIONAL HEALTH FACILITIES	01 0198331

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DR. STERLING C. WILLIAMSON 50 UNION ST, ELLSWORTH, ME 04605	PHYSICIAN 40.00	512,084.	35,622.	0.
DR. JONATHAN TELSEY 50 UNION ST, ELLSWORTH, ME 04605	PHYSICIAN 40.00	478,649.	25,992.	0.
DR. THOMAS CROWE 50 UNION ST, ELLSWORTH, ME 04605	PHYSICIAN 40.00	462,342.	41,994.	0.
DR. BRADLEY GOLDSTEIN 50 UNION ST, ELLSWORTH, ME 04605	PHYSICIAN 40.00	393,763.	25,265.	0.
PAUL M.DENONCOURT 50 UNION ST, ELLSWORTH, ME 04605	PHYSICIAN 40.00	362,926.	36,554.	0.
Total number of other employees paid over \$50,000	114			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
RN NETWORK PO BOX 974088, DALLAS, TX 75397-4088	NURSING STAFF	181,899.
NEUROLOGY ASSOCIATES PO BOX 410, BANGOR, ME 04402	SLEEP LAB/EEG PHYSICIAN/TECHS	161,379.
AUREUS NURSING, LLC 13609 CALIFORNIA ST, SUITE 200, OMAHA, NE 68154	NURSING STAFF	153,920.
EASTERN MAINE MEDICAL CENTER 43 WHITING HILL RD, BREWER, ME 04412	ONCOLOGY PHYSICIAN SERVICE	128,598.
EPHARM PRO 601 UPLAND AVE, SUITE 223, BROOKHAVEN, PA 19015	PHARMACIST NIGHT COVERAGE	115,225.
Total number of others receiving over \$50,000 for professional services	14	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DEVENTURE HEALTH PARTNERS 21 MAIN STREET, SUITE 202, BANGOR, ME 04401	TRANSCRIPTION SERVICES	280,300.
BLUE HILL LAUNDRY SERVICES PO BOX 258, SURRY, ME 04684	LAUNDRY SERVICES	191,323.
KING ELECTRIC 62 SPRING STREET, ELLSWORTH, ME 04605	ELECTRICIAN SERVICES	142,770.
RECORDS MANAGEMENT CENTER 78 RICE STREET, BANGOR, ME 04402	STORAGE/SHREDDING	76,961.
CARPENTER ASSOCIATES 687 STILLWATER AVENUE, OLD TOWN, ME 04468	ENGINEER CONSULTANTS	73,698.
Total number of other contractors receiving over \$50,000 for other services	2	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <u>13,278.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		13,278.
i Total lobbying expenditures (Add lines c through h.)			13,278.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

SEE STATEMENT 28

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)	X	
c		X

[illegible]

- N/A

☐ Yes ☒ No[illegible]

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

MAINE COAST REGIONAL HEALTH FACILITIES

Employer identification number

01-0198331

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

MAINE COAST REGIONAL HEALTH FACILITIES

01-0198331

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,086.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 6,130.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MAINE COAST REGIONAL HEALTH FACILITIES	Employer identification number 01-0198331
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 33,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,096.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MAINE COAST REGIONAL HEALTH FACILITIES

01-0198331

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 39,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 25,092.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 6,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MAINE COAST REGIONAL HEALTH FACILITIES

01-0198331

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 61,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 50,544.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 8,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MAINE COAST REGIONAL HEALTH FACILITIES	Employer identification number 01-0198331
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 18,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MAINE COAST REGIONAL HEALTH FACILITIES

01-0198331

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES	\$ 10,086.	07/31/07
4	SECURITIES	\$ 6,130.	12/31/07
12	SECURITIES	\$ 5,096.	11/30/07
17	SECURITIES	\$ 25,092.	12/31/07
		\$	
		\$	

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
PHYSICIAN'S OFFICE SPACE, ELLSWORTH, ME	2	41,148.
TOTAL TO FORM 990, PART I, LINE 6A		41,148.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
VARIOUS EXPENSES		11,203.	
- SUBTOTAL -	2		11,203.
TOTAL TO FORM 990, PART I, LINE 6B			11,203.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	1,812,055.	1,868,842.	0.	-56,787.
TO FORM 990, PART I, LINE 8	1,812,055.	1,868,842.	0.	-56,787.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
EQUIPMENT			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	1,098.	47,571.	0.	0.	-46,473.
TO FM 990, PART I, LN 8	1,098.	47,571.	0.	0.	-46,473.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
POINSETTIA BALL	89,459.	78,239.	11,220.	43,252.	-32,032.
CHEF'S GALA	79,069.	68,870.	10,199.	34,403.	-24,204.
GOLF TOURNAMENT	48,630.	27,892.	20,738.	27,863.	-7,125.
TO FM 990, PART I, LINE 9	217,158.	175,001.	42,157.	105,518.	-63,361.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	-170,916.
TRANSFER TO AFFILIATE	-89,161.
PRIOR YEAR ADJUSTMENT	-38,583.
TOTAL TO FORM 990, PART I, LINE 20	-298,660.

FORM 990

OTHER EXPENSES

STATEMENT

7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
NURSING	453,697.	453,697.		
OPERATING ROOM	2,743,284.	2,743,284.		
EMERGENCY ROOM	231,880.	231,880.		
LABORATORY	748,371.	748,371.		
RADIOLOGY, MRI, ETC.	457,741.	457,741.		
PHARMACY	1,109,435.	1,109,435.		
ONCOLOGY	2,170,529.	2,170,529.		
ANESTHESIOLOGY	280,276.	280,276.		
PHYSICIAN PRACTICES	772,321.	772,321.		
PEDIATRICS	170,412.	170,412.		
RHEUMATOLOGY	339,715.	339,715.		
UROLOGY	115,120.	115,120.		
LAUNDRY & LINEN	160,596.	160,596.		
DIETARY	525,766.	525,766.		
PLANT	1,105,607.	1,105,607.		
ADMINISTRATION	2,103,739.		2,103,739.	
MKTG/DEVELOPMENT	40,577.		16,767.	23,810.
LIFELINE	64,301.	64,301.		
OTHER EXPENSES	1,405,174.	1,377,415.		27,759.
PROFESSIONAL FEES	9,302,431.	9,302,431.		
BAD DEBTS	3,905,291.	3,905,291.		
HLTH CARE PROV. TAX	1,163,859.	1,163,859.		
AMORTIZATION	10,584.		10,584.	
CONTRACT. ADJUST.	68,315,499.	68,315,499.		
FREE & DISCOUNTED CARE	2,010,589.	2,010,589.		
PURCHASED SERVICES	6,938,256.	6,318,264.	560,033.	59,959.
TOTAL TO FM 990, LN 43	106,645,050.	103,842,399.	2,691,123.	111,528.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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DESCRIPTION OF PROGRAM SERVICE ONE

ADMISSIONS	2,763
PATIENT DAYS	9,767
AVERAGE STAY	3.53 DAYS

CLINIC VISITS:

ELEANOR WIDNER DIXON CLINIC	11,543
S.W. HARBOR MEDICAL CENTER	5,550
EMERGENCY ROOM VISITS	17,312

SURGICAL CASES - INPATIENT	852
SURGICAL CASES - OUTPATIENT	3,744

LABORATORY TESTS	282,906
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RADIOLOGY EXAMS:

DIAGNOSTIC RADIOLOGY	18,762
ULTRASOUND	5,745
CAT SCAN	4,706
MAMMOGRAPHY	3,728
NUCLEAR MEDICINE	4,470
MRI	1,997

PHYSICAL THERAPY	49,033
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BIRTHS	249
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COMMUNITY BENEFITS STATED AT COST:

FREE & DISCOUNTED CARE	\$ 927,318
UNCOMPENSATED CARE	\$1,801,187
UNCOMPENSATED MEDICARE	\$5,544,814
UNCOMPENSATED MEDICAID	\$1,300,558

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

142,832,332.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	9
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EXPLANATION

THE HOSPITAL IS A NOT-FOR-PROFIT ENTITY ESTABLISHED TO PROVIDE HEALTH CARE SERVICES THROUGH ITS ACUTE CARE FACILITIES.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	57,472.	0.	57,472.
LAND IMPROVEMENTS, BUILDINGS & LEASEHOLD IMPROVEMENTS	25,542,377.	9,904,126.	15,638,251.
EQUIPMENT & CAPITAL LEASES	16,735,848.	9,747,858.	6,987,990.
TOTAL TO FORM 990, PART IV, LN 57	42,335,697.	19,651,984.	22,683,713.

FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CONSTRUCTION IN PROGRESS	522,407.	1,170,852.
OTHER ASSETS		477,617.
ESTIMATED 3RD PARTY PAYOR SETTLEMENTS		1,931,016.
TOTAL TO FORM 990, PART IV, LINE 58	522,407.	3,579,485.

FORM 990	TAX-EXEMPT BOND LIABILITIES OUTSTANDING	STATEMENT 12
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PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, MAINE COAST MEMORIAL HOSPITAL ISSUE, SERIES 2003C

<u>USE BY THIRD PARTY</u>	<u>UNEXPENDED BOND PROCEEDS</u>	<u>AMOUNT OF ISSUE OUTSTANDING</u>
NO	0.	5,216,829.

PURPOSE OF ISSUE

MHHEFA REVENUE BONDS, MAINE COAST MEMORIAL HOSPITAL ISSUE, SERIES 2001B

<u>USE BY THIRD PARTY</u>	<u>UNEXPENDED BOND PROCEEDS</u>	<u>AMOUNT OF ISSUE OUTSTANDING</u>
NO	0.	2,213,815.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A

7,430,644.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 13

LENDER'S NAME	TERMS OF REPAYMENT
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CAPITAL LEASE OBLIGATIONS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	VARIOUS	3,061,324.	6.57%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
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ACQUIRED PROPERTY

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	2,184,842.

LENDER'S NAME	TERMS OF REPAYMENT
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BAR HARBOR BANK & TRUST	25,176/MO
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
03/27/07	03/27/13	2,211,067.	6.25%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
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EQUIPMENT

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	1,294,440.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	3,479,282.
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FORM 990	OTHER LIABILITIES	STATEMENT 14
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE TO AFFILIATE	4,000,000.	
ESTIMATED 3RD PARTY PAYOR SETTLEMENT	145,438.	
TOTAL TO FORM 990, PART IV, LINE 65	4,145,438.	

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 15
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES	FMV	3,473,227.			3,473,227.
CORPORATE BONDS	FMV		780,704.		780,704.
MUTUAL FUNDS	FMV			5,291.	5,291.
TO FORM 990, LINE 54A, COL B		3,473,227.	780,704.	5,291.	4,259,222.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 16
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DESCRIPTION	AMOUNT
RENTAL EXPENSE	11,203.
SPECIAL EVENT EXPENSES	105,518.
REALIZED LOSSES	103,260.
TOTAL TO FORM 990, PART IV-B	219,981.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 17
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DESCRIPTION	AMOUNT
CONTRACTUAL ALLOWANCES	68,315,499.
CHARITY CARE	2,010,589.
RENTAL EXPENSE	-11,203.
SPECIAL EVENT EXPENSES	-105,518.
REALIZED LOSSES	-103,260.
TOTAL TO FORM 990, PART IV-A	70,106,107.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 18
DESCRIPTION		AMOUNT
CONTRACTUAL ALLOWANCES		68,315,499.
CHARITY CARE		2,010,589.
TOTAL TO FORM 990, PART IV-B		70,326,088.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 19
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT A. BEEKMAN, MD 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE/PHYSICIAN 40.00	175,182.	15,341.	0.
EDITH R. DIXON 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 0.50	0.	0.	0.
CHRISTOPHER B. BROWN 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
THOMAS J. FERNALD 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
ALAN J. GOLDSTEIN 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 0.50	0.	0.	0.
DANIEL A. HURLEY, III 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
DOUGLAS T. JONES 50 UNION STREET ELLSWORTH, ME 04605	PRESIDENT/CEO 40.00	298,274.	86,778.	0.
SEAN T. MALONEY, MD 50 UNION STREET ELLSWORTH, ME 04605	PRESIDENT MEDICAL STAFF 40.00	235,880.	20,977.	0.

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RICHARD S. MALABY 50 UNION STREET ELLSWORTH, ME 04605	SECRETARY 4.00	0.	0.	0.
ROBERT D. MERRILL 50 UNION STREET ELLSWORTH, ME 04605	VICE CHAIRMAN 5.00	0.	0.	0.
TACY RIDLON 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
ADIN M. TOOKER 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
JAMES W. WADMAN 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
REBECCA J. SARGENT 50 UNION STREET ELLSWORTH, ME 04605	TREASURER 4.00	0.	0.	0.
KEVIN SEDGWICK 50 UNION STREET ELLSWORTH, ME 04605	CFO 40.00	186,651.	19,995.	0.
KAREN W. STANLEY 50 UNION STREET ELLSWORTH, ME 04605	CHAIRMAN 5.00	0.	0.	0.
CHRISTOPHER J. WHALLEY 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
NICHOLAS S. VACHON, DPM 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
ROBERT J. WILLIAMS 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 2.00	0.	0.	0.
WAYNE W. WRIGHT 50 UNION STREET ELLSWORTH, ME 04605	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		895,987.	143091.	0.

MAINE COAST REGIONAL HEALTH FACILITIES

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FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 20
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
MAINE COAST MEDICAL REALTY, INC.	X	
MAINE COAST HEALTHCARE CORPORATION	X	
MAINE COAST PHYSICIAN AFFILIATES		X
MAINE COAST HEALTHCARE FOUNDATION	X	

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 21

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
PATIENT SERVICE					65,893,322.
REHABILITATION					111,298.
MOB HOURS					10,000.
LIFELINE					215,716.
ELLSWORTH INTERNAL MED.					334,139.
IN HOUSE HEALTH					1,237,532.
OTHER					306,850.
TO FORM 990, PART VII, LINE 93					68,108,857.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 22
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93, 97 & 103	PROVISION OF HEALTHCARE SERVICES THROUGH ITS ACUTE CARE FACILITIES IS THE PRIMARY PURPOSE OF MAINE COAST REGIONAL HEALTH FACILITIES AS STATED IN ITS GOVERNING DOCUMENTS AND APPLICATION FOR TAX-EXEMPT STATUS AS A HOSPITAL. BOTH INPATIENT AND OUTPATIENT SERVICES ARE PROVIDED.

GENERAL EXPLANATION
FORM AND LINE REFERENCES

STATEMENT 23

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

FORM 990, PART V-A

BOARD OF TRUSTEES COMPENSATION

GENERAL EXPLANATION

STATEMENT 24

THE BOARD OF TRUSTEES RECEIVE NO COMPENSATION FOR THEIR SERVICES TO THE BOARD. THE COMPENSATION REPORTED RELATES TO WAGES FROM EMPLOYMENT AT MAINE COAST REGIONAL HEALTH FACILITIES.

GENERAL EXPLANATION
FORM AND LINE REFERENCES

STATEMENT 25

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

FORM 990, PART VI, LINE 82A

VOLUNTEER SERVICES

GENERAL EXPLANATION

STATEMENT 26

TOTAL VOLUNTEER SERVICE HOURS PROVIDED ANNUALLY TO THE HOSPITAL
AVERAGED APPROXIMATELY 13,800. THE VOLUNTEERS PROVIDE VARIOUS SERVICES
TO THE HOSPITAL, NONE OF WHICH HAS BEEN RECOGNIZED AS REVENUE OR
EXPENSES IN THE STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS.

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 27
	PART III, LINE 2C	

FOUR TRUSTEES OWN BUSINESSES FROM WHICH THE HOSPITAL HAS PURCHASED
GOODS OR SERVICES.

ALL TRANSACTIONS WERE AT ARMS LENGTH AND AT FAIR MARKET VALUE

- 1) CHRISTOPHER BROWN (DOWNEAST OFFICE PRODUCTS) \$8 SUPPLIES
- 2) RICHARD MALABY (CROCKER HOUSE COUNTRY INN) \$12,257 SERVICES
- 3) ROBERT MERRILL (MERRILL FURNITURE) \$5,854 FURNITURE
- 4) CHRISTOPHER WHALLEY (WHALLEY LAW OFFICES) \$789 SERVICES

SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT	28
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MAINE HOSPITAL ASSOCIATION DUES WERE \$41,813 OF WHICH 18.8% WERE USED FOR LOBBYING. AMERICAN HOSPITAL ASSOCIATION DUES WERE \$21,582 OF WHICH 25.1% WERE USED FOR LOBBYING.

SCHEDULE A	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT	29
	PART VII, LINE 51, COLUMN (D)		

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MAINE HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

DUES

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

AMERICAN HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

DUES

Form **4562-FY**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization** 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2007Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MAINE COAST REGIONAL HEALTH FACILITIES

FORM 990 PAGE 2

01-0198331

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,332,719.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,332,719.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44